

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/153,972

FILING DATE

10-24-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2				
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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31	1		1	1		
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35				1		
36			1			
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				2		
44				2		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	15		9			
TOTAL DEP.	16		25			
TOTAL CLAIMS	31		34			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS